

<b>Case Number:</b>	CM14-0146724		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/09/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 46 year-old male was reportedly injured on December 19, 2002. The mechanism of injury is noted as unloading a heavy table while working as a phlebotomist. The most recent progress note, dated August 15, 2014, indicates that there were ongoing complaints of low back pain, rated 9-10/10 on a pain scale, with radicular pain into both legs. The physical examination demonstrated a well-developed, well-nourished male in no acute distress. Examination of the thoracic spine reveals mild tenderness to palpation with normal kyphosis and normal sensation. Examination of the lumbar spine reveals the patient to have paraspinal spasm with loss of lumbar lordosis, as well as restricted lumbar motion. With motion, there is referred pain into the right gluteal area and positive straight leg raise bilaterally. Neurologic exam reveals normal sensation to light touch and bilateral lower extremities. The patient has 4/5 motor strength in all major muscle groups of the bilateral lower extremities. Deep tendon reflexes are symmetric but hypoactive. He exhibits an antalgic gait and is unable to do a toe and heel walk because of back pain. An MRI of the lumbar spine from July 2009 is mentioned in this progress note, and shows a posterior annular tear at L5-S1, moderate to large disk protrusion at L4-L5 that mildly compresses the L5 nerve root, producing moderate spinal canal narrowing and neural foraminal narrowing. There's also moderate disk protrusion at L5-S1 with moderate spinal canal narrowing and moderate neural foraminal narrowing. Previous treatment includes physical therapy, rest, medications, and epidural injections. A request had been made for a MRI of the lumbar spine and was not certified in the pre-authorization process on September 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report that the claimant has had episodes of pain relief and pain exacerbations over the last 12 years. He has been conservatively treated in the past, with improvement of his symptoms. In the most recent progress note, it is noted that he has had improvement with therapy and resting, as well as various medications. As such, the request for a MRI of the lumbar spine is not considered medically necessary.